

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES LETTERS PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATHETER WITH BLOCK-OVERRIDING SYSTEM

the specification of which is attached hereto.

In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) at Nutter, McClennen & Fish, LLP, World Trade Center West, 155 Seaport Boulevard, Boston, MA 02210, to insert above the filing date and/or Application No. of said application.

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

(check one)

☒ no such foreign applications have been filed.

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATION(s)

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

☒ no such U.S. provisional applications have been filed.

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(s)

I hereby claim the benefit under Title 35, United States Code §120, of the United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United State Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56, and which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

☒ no such U.S./PCT applications have been filed.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

William C. Geary III	31,359	Lisa J. Michaud	44,238	Jasbir Sagoo	51,177
Thomas J. Engellenner	28,711	Reza Mollaaghababa	43,810	Deborah A. Miller	52,231
David J. Powsner	31,868	Tram Anh T. Nguyen	47,257	Michael G. Verga	39,410
Ronald E. Cahill	38,403	David D. Nielson	52,069	George A. Xixis	38,664
Kevin M. Cronin					

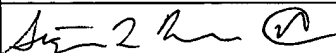
all of Nutter, McClennen & Fish, LLP, World Trade Center West, 155 Seaport Boulevard, Boston, Massachusetts 02210, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Please mail correspondence to: Lisa J. Michaud
at **Customer Number 021125**, whose address is:

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FULL NAME OF SOLE INVENTOR:	Sigmund Kulesa
INVENTOR'S SIGNATURE:	
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